DEPARTMENT OF SOCIAL SERVICES 744 P Street, Sacramento, CA 95814 (916)322-6384



September 28, 1978

FSD LETTER NO. 78-21

ALL-COUNTY LETTER NO. 78-44 (Child Supp. Mgmt.)

TO: COUNTY WELFARE DIRECTORS
DISTRICT ATTORNEYS

FAMILY SUPPORT DIVISIONS

COUNTY AUDITORS

WELFARE FISCAL SUPERVISORS

ADMINISTRATIVE SERVICE OFFICERS

SUBJECT: FORM CS 851 - SUPPLEMENTAL REPORT OF CHILD SUPPORT PAYMENTS

REFERENCE: FSD LETTER NO. 78-16

ALL COUNTY LETTER NO. 78-24

Attached please find a copy of Form CS 851. This form replaces the CS800SUPP effective November 1, 1978. All remaining supplies of the CS800SUPP should be destroyed on that date. A supply of Form CS 851 will be mailed to each county welfare department by November 1, 1978. If you do not receive your supply by this date, please contact your representative in the Child Support Operations Bureau. The CS 851 should be submitted to the Department of Social Services by the fifteenth day of the month following the month of the report.

Please note that the case count column has been deleted from the form. If you have any questions please contact your representative in the Child Support Operations Bureau at (916)322-6384.

Sincerely,

Deputy Director

Attachment

SUPPLEMENTAL REPORT OF CHILD SUPPORT PAYMENTS

COUNTY	MONTH/ DAY/YEAR
STATUS OF AFDC IV-D COLLECTIONS UNDISTRIBUTED	DOLLARS
1. Undistributed AFDC IV-D Collections (Item 6 of previous CS 851 Supp)	
2. PLUS: Total AFDC IV-D Collections made during month	
3. SUBTOTAL (Item 1 plus Item 2)	
4. LESS: AFDC IV-D Collections Reclassified	
5. LESS: Amounts Reported on CS 800 (Line 1, Column 4)	
a. AFDC-FG CS 800	
b. AFDC-U, CS 800	
AEDC BUL CS 900	
c. AFDC-BHI, CS 800	
6. Balance of AFDC IV-D Collections Undistributed	
(Item 3 less Items 4 and 5)	
I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the	
examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts reflected herein represent the account balance of Child	
Support Collections which remain to be distributed and reported in accordance with the rules and regulations of	
the State Department of Social Services.	
SIGNATURE OF COUNTY AUDITOR OR CONTROLLER	DATE